

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ET		4-28-00
O.I.P.E. CLASSIFIER		10	5-3-00
FORMALITY REVIEW	BIA	71423	7-7-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	5/11/00
2	5/11/00
3	5/11/00
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50	5/11/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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